

VOLUNTEER APPLICATION

Latino Programs and Outreach

City of Bloomington Community and Family Resources Department

Today's Date	e:										
Personal Information											
Name: Telephone:											
Email:					Totophon						
				@							
Street		C	ity	State		Zip code					
Emergency Contact:			Dolotion			Talanhana					
Name:	Name:		Relation:			_ Telephone:					
Volunteer Opportunities (Please select all that interest you)											
Boletín Co	Boletín Comunitario		ton	Interpreters and		Special Events					
		☐ message center		<u>Translators</u>		□ muhlioitu					
		□ researcher		☐ tax preparation☐ personal tutoring		□ publicity□ planning					
□ assistant to the editor		□ reporter		☐ group tutoring		- F8					
☐ Mailing/distribution		□ presenter		☐ intakes for Hoosier							
		□ programmer		Healthwise							
		□ board operator		☐ Web page							
		□ sales/marketing									
			Avai	lability							
Monday	Tuesday	Wednesday	Thurs	day Friday		Saturday	Sunday				
Times:	Times:	Times:	Times	s: Times:		Times:	Times:				
			-								
					1		,				
How many h	nours ner we	eek could you volunte	er?								
		nth could you volunte									
Select your se				Spring Sur	mmer						

Language Skills

		Language				
What is your	Spanish Level (written ar	nd oral)?	What is your End	What is your English level (v		
□ Beg				□ Beginner		
	rmediate			☐ Intermediate ☐ Advanced ☐ Near Native		
	r Native					
□ Nat			□ Native			
		ecial talents,	skills, training			
Skills/Talents						
Training:						
Education backgr	ound (if IU student, please	indicate your majo	or /minor)):			
☐ To get to know☐ To complete a	y language skills requirement for my job/ fra the Latino community bet class requirement, which c	aternity/sorority ter lass:				
	Where did you	i hear about v	olunteering wi	th us?		
☐ Friend	☐ Outreachlatino (email list)	☐ Event/fair	□ Radio	☐ Other:		
☐ Professor.	□ Class	□ Hola	☐ Bloomingtor	Voluntee	r Network	
Name:	Presentation	Bloomington	(Hot List, Wednesday column on the Her			
Organization		vious voluntee sponsibility	er experiences		Hours per week	
1. Name: Tel.:	Em	Refere		ation:		
	Dili					
2 Name:	F.		Affilia	ation.		
Tel.:	Em	ail:				
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